



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
01 Beaverhead		0003 Grant Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1	79.4	0.95	48	08/18/05		



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County:	District:					District Level:		
01 Beaverhead		0006 Beaverhead County H S				High School		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	CO	1	128	1.80	84	08/18/05	_____	_____
100	CO	10	22	1.57	78	08/18/05	_____	_____
100	CO	11	22	1.57	72	08/18/05	_____	_____
100	CO	12	53	0.95	35	08/18/05	_____	_____
100	CO	13	48	0.95	18	08/18/05	_____	_____
100	CO	1A	128	1.80	84	08/18/05	_____	_____
100	CO	2	26.2	1.57	78	08/18/05	_____	_____
100	CO	3	7	0.00	72	08/18/05	_____	_____
100	CO	4	140	1.57	72	08/18/05	_____	_____
100	CO	5	61	1.57	78	08/18/05	_____	_____
100	CO	6	192	1.57	72	08/18/05	_____	_____
100	CO	7	30	1.80	84	08/18/05	_____	_____
100	CO	8	56	1.57	78	08/18/05	_____	_____
100	CO	9	58	1.57	78	08/18/05	_____	_____



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County:		District:					District Level:	
01 Beaverhead		0009 Lima K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	12	12-1	99.1	1.57	71	09/21/05	_____	_____
100	12	12-2	122	0.95	16	08/17/05	_____	_____



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01 Beaverhead		0015 Reichle Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	26	1	99	0.95	35	08/20/05		